



## **Purpose of Request for Medicare Prescription Drug Coverage Determination Form**

Under the Medicare Part D prescription drug benefit program, a Part D plan beneficiary can request a coverage determination, including a request for a tiering or formulary exception. A request can also be made on behalf of the beneficiary by the beneficiary's appointed representative or the beneficiary's prescribing physician. A request for a standard coverage determination must be made in writing and faxed to: (800) 639-9158 or mailed to:

Medicare Prescription Drug Plan  
4300 Cox Road  
Glen Allen, VA 23060

A request for an expedited coverage determination can be made by calling (800) 536-6167 or TTY (866) 236-1069 for the hearing or speech impaired or in writing.